PTO/SB/05 (06-03) Approved for use through 07/31/2003. OMB 0651-0032

Date

| Under the Pa   | perwork Reduction  | Act of 1995, no perso   | ns are required to r                  |                                   |  |  |   | OMB control number.                             |
|--|--|---|---------------------------------------|-----------------------------------|--|--|---|---|
|  | UTI  | LITY  |                                       | Attorney                          | Docket No.   |  |   |   |
| PATENT APPLICATION   |  |   | First Inve                            | ntor                              | Davis  | J K,   | Ho.//   |   |
|  | TRANS  | MITTAL  |                                       | Title                             |  |  |   |   |
| (Only for ne   | w nonprovisional ap  | plications under 37 C   | FR 1.53(b))                           | Express i                         | Mail Label No.   |  |   |   |
|  |  | N ELEMENTS<br>g utility patent applica  | ation contents.                       | ADDRE                             | ss to:   | P.O. Box 145   | ent Application<br>er for Patents<br>0<br>A 22313-1450          | n   |
| 2. Specification of the control of t | nt claims small en<br>CFR 1.27.<br>ation<br>d arrangement set for<br>tive title of the inver<br>Reference to Related<br>ent Regarding Fed since to sequence list<br>inputer program list<br>bound of the Inventio<br>Jummary of the Inverse<br>escription of the Drad<br>d Description   | Ilicate for fee process tity status.  [Total Pagesorth below]  Ition  d Applications sponsored R & D ing, a table, no appendix notition | ing)                                  | 8. Nuci<br>(if ap<br>a.<br>b.     | Specifical  i. CD-  ii. Pap  | ram (Appendiumino Acid Se<br>ressary)<br>Reader Form<br>tion Sequence<br>-ROM or CD-foer                                 | ix) quence Subi n (CRF) e Listing on: R (2 copies);             | or<br>ove copies                                |
| 4. Drawing 5. Oath or Decla a. New b. Copy (for a  | ration by executed (original original o | lication (37 CFR 1. onal with Box 18 co  VENTOR(S) ched deleting inventor lication, see 37 CFR  | 63(d))<br>completed)                  | 9.                                | 37 CFR 3.73(when there is<br>English Trans Information D<br>Statement (ID<br>Preliminary A<br>Return Recei<br>(Should be so<br>Certified Cop<br>(if foreign pric<br>Nonpublication | OS)/PTO-1449 Imendment Ipt Postcard (It Decifically iten It of Priority D Drify is claimed In Request ur Inpplicant must | pent (if applic  MPEP 503)  mized)  ocument(s)  d)  der 35 U.S. | lower of attorney (able) opies of IDS citations |
| 18. If a CONTIN<br>specification follo   | UING APPLICAT<br>owing the title, or   | ION, check approp<br>in an Application D  | oriate box, and su<br>ata Sheet under | pply the requ<br>37 CFR 1.76      | iisite informatio<br>:   | n below and i  | n the first se  | ntence of the                                   |
| 5b, is considered  | formation:<br>ON OF DIVISIONAL<br>a part of the disclo   | sure of the accomp<br>upon when a portic  | tire disclosure of t                  | on or division<br>ertently omitte | Art Uncation, from which all application and from the subn   | ch an oath or o  | declaration is<br>corporated by                                 | supplied under Box                              |
| Custome  | er Number:   |   | . 301.01201 01                        |                                   | OR   | Correspo   | ondence add   | Iress below                                     |
| Name   | David  | 0. Hal  | 0                                     |                                   |  |  |   |   |
| Address  | #185   | Latter  | Pkuy                                  |                                   |  |  |   |   |
| City   | Pro (20  |   | <del></del>                           | State                             | W  |  | Zip Code  | 84606   |
| Country  | ÚS   | A   |                                       | Telephone                         | 801-378  | 2-0846   | Fax   | 801-205-0251                                    |
| Name (Print/Tyn  | el 7   | 0.57  | 6/0//                                 | Registrat                         | ion No (Attorne  | ev/Agent)  |   |   |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ond to a collection of information unless it displays a valid OMB control number.

## FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Name (Print/Type)

Signature

| Complete if Known    |               |  |  |  |  |  |
|----------------------|---------------|--|--|--|--|--|
| Application Number   |               |  |  |  |  |  |
| Filing Date          |               |  |  |  |  |  |
| First Named Inventor | David R. Hall |  |  |  |  |  |
| Examiner Name        |               |  |  |  |  |  |
| Art Unit             |               |  |  |  |  |  |
| Attorney Docket No.  |               |  |  |  |  |  |

Date

| METHOD OF PAYMENT (check all that apply)  | FEE CALCULATION (continued) |   |              |             |  |  |  |  |
|---|-----------------------------|---|--------------|-------------|--|--|--|--|
| Check Credit card Money Other None  | 3. ADDITIONAL FEES          |   |              |             |  |  |  |  |
| Deposit Account:  | Large Entity Small Entity   |   |              |             |  |  |  |  |
| Deposit   | Fee<br>Code                 | Fee<br>(\$)   | Fee<br>Code  | Fee<br>(\$) | Fee Description  | Fee Paid   |  |  |
| Account<br>Number   | 1051                        | 130   | 2051         | • •         | Surcharge - late filing fee or oath                            |  |  |  |
| Deposit<br>Account  | 1052                        | 50  | 2052         | 25          | Surcharge - late provisional filing fee or                     |  |  |  |
| Name  | 1053                        | 130   | 1053         | 130         | cover sheet Non-English specification                          |  |  |  |
| The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments | 1812                        |   | 1812         |             | For filing a request for ex parte reexamination                |  |  |  |
| Credit any overpayments  Charge any additional fee(s) during the pendency of this application                 | 1804                        | 920*  | 1804         | 920*        | Requesting publication of SIR prior to Examiner action         |  |  |  |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.             | 1805                        | 1,840*  | 1805         | 1,840*      | Requesting publication of SIR after Examiner action            |  |  |  |
| FEE CALCULATION   | 1251                        | 110   | 2251         | 55          | Extension for reply within first month                         | ( )  |  |  |
| 1. BASIC FILING FEE   | 1252                        | 410   | 2252         | 205         | Extension for reply within second month                        | <del></del>                                      |  |  |
| Large Entity Small Entity   | 1253                        | 930   | 2253         | 465         | Extension for reply within third month                         | <u> </u>   |  |  |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$)  | 1254                        | 1,450   | 2254         | 725         | Extension for reply within fourth month                        |  |  |  |
| 1001 750 2001 275 1 Hilly filled for  | 1255                        | 1,970   | 2255         | 985         | Extension for reply within fifth month                         |  |  |  |
| 1002 330 2002 165 Design filing fee   | 1401                        | 320   | 2401         | 160         | Notice of Appeal   |  |  |  |
| 1003 520 2003 260 Plant filing fee  | 1402                        | 320   | 2402         | 160         | Filing a brief in support of an appeal                         |  |  |  |
| 1004 750 2004 375 Reissue filing fee  | 1403                        | 280   | 2403         | 140         | Request for oral hearing                                       | <u> </u>   |  |  |
| 1005 160 2005 80 Provisional filing fee   | 1451                        | 1,510   | 1451         | 1,510       | Petition to institute a public use proceeding                  | <del></del>                                      |  |  |
| SUBTOTAL (1) (\$)   | 1452                        | 110   | 2452         | 55          | Petition to revive - unavoidable                               | <del></del>                                      |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   | 1453                        | •   | 2453         |             | Petition to revive - unintentional                             |  |  |  |
| Fee from  | 1501                        |   | 2501         |             | Utility issue fee (or reissue)                                 | <del>                                     </del> |  |  |
| Extra Claims below Fee Paid  Total Claims 2/ -20** = X =  | 1502                        | 470   | 2502         |             | Design issue fee   |  |  |  |
| Independent 3 3**-  | 1503<br>1460                | 630<br>130  | 2503<br>1460 |             | 5 Plant issue fee<br>5 Petitions to the Commissioner           |  |  |  |
| Claims Multiple Dependent = 375   | 1807                        | 50  | 180          |             | Processing fee under 37 CFR 1.17(q)                            | <del></del>                                      |  |  |
| Large Entity   Small Entity   | 1806                        | 180   | 180          |             | Submission of Information Disclosure Stmt                      | <b> </b>   |  |  |
| Fee Fee Fee Fee Description   | i                           |   | l            |             | Recording each patent assignment per                           |  |  |  |
| Code (\$)   Code (\$)   1202   18   2202   9 Claims in excess of 20   | 8021                        | 40  | 802          |             | property (times number of properties)                          | <b> </b>   |  |  |
| 1201 84 2201 42 Independent claims in excess of 3   | 1809                        | 750   | 2809         | 9 375       | Filing a submission after final rejection (37 CFR 1.129(a))    |  |  |  |
| 1203 280 2203 140 Multiple dependent claim, if not paid   | 1810                        | 750   | 281          | 0 375       | For each additional invention to be examined (37 CFR 1.129(b)) |  |  |  |
| 1204 84 2204 42 ** Reissue independent claims over original patent  | 1801                        | 750   | 2801         | 375         | 5 Request for Continued Examination (RCE)                      |  |  |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent                                     | 1802                        | 900   | 1802         | 900         | Request for expedited examination of a design application      |  |  |  |
| SUBTOTAL (2) (\$) 375   | Other                       | fee (sp   | ecify) _     |             |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  | *Redu                       | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) |              |             |  |  |  |  |
| SUBMITTED BY (Complete (if applicable)  |                             |   |              |             |  |  |  |  |
| Nema (RightType) Telephone Z + St- A St-Co  |                             |   |              |             |  |  |  |  |

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